



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
(01.222.3040)

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(1)) is subject to a penalty fee of \$25.00.

1. ID No. 238347		2. Exact name of the limited liability company Mansolillo Mansolillo & Mansolillo, LLC			
3. State of formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To operate a dental practice in all of its phases, treating males and females and any other legal business			
5. Principal office address 1347 Hartford Avenue		City Johnston	State RI	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joseph L. Mansolillo, D.D.S.		Contact Title Manager			
Street Address 1347 Hartford Avenue		City Johnston	State RI	Zip 02919	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Joseph L. Mansolillo, D.D.S.		Manager Name NONE			
Street Address 1347 Harford Avenue		Street Address			
City Johnston	State RI	Zip 02919	City	State	Zip
Manager Name NONE		Manager Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

238347

FILED

NOV 18 2011

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date	By: <u>150986</u>
Check No.	<u>DS</u>
By:	
FOR SECRETARY OF STATE USE ONLY	

Joseph L. Mansolillo, D.D.S. 11/18/11
Signature of Authorized Person Date

Joseph L. Mansolillo, D.D.S., Manager

Print or Type Name of Authorized Person